

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

KNEE POST-OPERATIVE SUMMARY SHEET

OTSG APPROVED (Date)

Physical Therapy Clinic
USAMEDDAC
Fort Meade, MD 20755-5800

SECTION I - BACKGROUND

Age:	Job:	Date of surgery:	Type of surgery:	Surgeon:
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SECTION II - GOAL SUMMARY CHART

Goal topics	Test/Measure	Expected date of achievement	Date achieved
Range of motion *Unless otherwise restricted to procedure or pre-existing contractures.	Full extension	1 week*	
	90 degrees flexion	1 week*	
	Full range of motion	3 weeks*	
Strength	Quad set	1-2 days	
	Straight leg raise without lag	1 week	
	30 straight leg raises without lag	2 weeks scope - 3 weeks anterior cruciate ligament (ACL)	
	30 single leg 1/4 squats or control while descending stairs	3 weeks scope - 4-5 weeks ACL	
	Kincom Test 70% uninvolved leg	2 months scope - 3 months ACL	
	Kincom Test 85% uninvolved leg	3 months scope - 4 months ACL	
Ambulation	Progressive weight bearing as tolerated per PT/Orthopedics	D/C crutches: 2 weeks scope - 3 weeks ACL	
Functional (Note: Running goals may not be applicable to all.)	30-second single leg stand with eyes open, no touches, minimal sway	3 weeks scope - 4 weeks ACL	
	As above, with eyes closed	4 weeks scope - 5 weeks ACL	
	Functional knee tests (see reverse), 50% uninvolved	2 months scope - 4 months ACL	
	Functional knee tests (see reverse), 85% uninvolved	4 months scope - 5 months ACL	
	Start return to running	4-6 weeks scope - 3 months ACL	
	2-mile run within standards	3 months scope - 5 months ACL	

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

Physical Therapy

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- ☐ HISTORY/PHYSICAL ☐ FLOW CHART
☒ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

Patient's name: _____

[illegible]